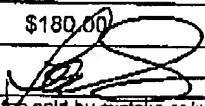


PTO-2038 (02-2003)
Approved for use through 02/28/2006, OMB 0651-0043
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

United States Patent & Trademark Office
Credit Card Payment Form

Credit Card Information			
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card Account #: 378732006481008			
Credit Card Expiration Date: 02/28/06			
Name as it Appears on Credit Card: DSMO DCIP ONE (Thomas J. D'Amico)			
Payment Amount: \$ (US Dollars): \$180.00			
Cardholder Signature:  Date: August 12, 2005			
<small>Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The office will not refund amounts of \$25.00 or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR §1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged. Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR §1.21(m)).</small>			
Credit Card Billing Information			
Street Address: 2101 L Street NW			
City: Washington			
State/Province: District of Columbia		Zip/Postal Code: 20037-1526	
Country: United States of America			
Daytime Phone #: (202) 785-8700		Fax #: (202) 887-0689	
Request and Payment Information			
Description of Request and Payment Information: Submission of an Information Disclosure Statement \$180.00			
<input checked="" type="checkbox"/> Patent Fee	<input type="checkbox"/> Patent Maintenance Fee	<input type="checkbox"/> Trademark Fee	<input type="checkbox"/> Other Fee
Application No. 10/759,079	Application No.	Application No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. M4065.0383/P383-C		Identify or Describe Mark	

FAX TRANSMISSIONDATE: August 18, 2005CLIENT NO.: M4065.0383 CMESSAGE TO: Examiner D. NhuCOMPANY: USPTOFAX NUMBER: (571) 273-1792PHONE: (571) 272-1792FROM: Gabriela Coman

TIMEKEEPER NO.: _____

PHONE: (202) 775-4706 fax (202) 887-0689PAGES (Including Cover Sheet): 7 HARD COPY TO FOLLOW: YES NO

SENT BY: _____

DATE/TIME: _____

MESSAGE:Application Serial No. 10/759,079**LOW-LOSS COPLANAR WAVEGUIDES AND METHOD OF FABRICATION**

Per our phone conversation, please find attached the following documents:

Copy of date-stamped postcard indicating the filing of the August 15, 2005 IDS;

Copy of the as-filed IDS (citing one non-patent reference);

Copy of transmittal form; and

Copy of credit card payment form.

Please initial and please fax to us (202-887-0689) the PTO/SB/08 form so we can pay the Issue Fee.

Thank you very much,

Gabriela Coman (#50,515)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to our Facsimile Department at 202-861-9106, and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated

Atty Docket No.: M4065.0383/P383-C

Inventor: Kie Y. Ahn et al.

Application No.: 10/759,079-Conf. #7174 Filing Date: January 20, 2004
Title: LOW-LOSS COPLANAR WAVEGUIDES AND METHOD OF FABRICATION

Documents Filed:

Transmittal (1 page)

Information Disclosure Statement (2 pages); Form PTO/SB/08A (1 page); 1 Article

Request for Acknowledgement of Form PTO/SB/08A (2 pages)

Copy of previously filed Information Disclosure Statement

Copy of previously filed Form PTO/SB/08A; Copy of date-stamped postcard

Payment by credit card. Form PTO-2036 is attached (1 page); Charge \$180.00 to credit card



Via:

Sender's Initials: TJD/GC/kmc

Date: August 15, 2005

mp.s.

PTO/SB/21 (09-04)

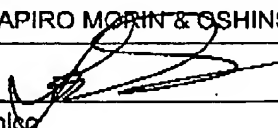
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/759,079-Conf: #7174
	Filing Date	January 20, 2004
	First Named Inventor	Kie Y. Ahn
	Art Unit	2818
	Examiner Name	D. Nhu
Total Number of Pages in This Submission	Attorney Docket Number	M4065.0383/P383-C

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08A; 1 Article; Return Receipt Postcard
<div style="border: 1px solid black; padding: 2px; width: fit-content;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP		
Signature			
Printed name	Thomas J. D'Amlor Gabriela I. Coman		
Date	August 15, 2005	Reg. No.	28,371 50,515